

THE
BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. LXXII.

THURSDAY, MARCH 16, 1865.

No. 7.

NECROSIS OF THE FEMUR.

[Read before the Boston Society for Medical Improvement, Feb. 23d, 1864, and communicated for the Boston Medical and Surgical Journal.]

By J. MASON WARREN, M.D., BOSTON.

Mr. F., 28 years of age, applied to me in February, 1864, on account of a necrosis of the femur, for which he requested to have an amputation performed. When he was 15 years old, he received a shock in the limb by jumping from a wall, which was followed by severe inflammation ending in abscess, which opened at the lower and inner part of the thigh, just above the knee. In the course of a year, abscesses formed along the whole length of the limb, communicating with the bone, some in front and some on the outer side, as high as the trochanter major; through these apertures small bits of bone were occasionally discharged. In the course of the first year, while bearing some weight on the leg, the femur gave way in its lower third, but united again, with shortening of three or four inches, and with a decided bend outwards. During the last eight years he has suffered much at the original site of the disease, the inflammation extending to the knee-joint, which is now nearly stiff. During nearly half of this period of thirteen years he has been confined by successive attacks of inflammation, and he finally decided to submit to an operation by seeing that his future usefulness and comfort were likely to be altogether destroyed. A consultation was held upon the case at the Hospital, which resulted in the decision to remove the limb at the level of the highest fistulous opening, which was at the commencement of the upper third of the femur, and, in case the sequestrum should be found to extend higher, to attempt its forcible extraction by means of forceps, as I had before successfully accomplished in a similar case, where it was important to preserve as long a stump as possible. The exact amount of bone diseased could not be accurately determined, owing to the severe pain and protracted con-

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stitutional disturbance which had several times followed the attempt to probe the lower openings in the popliteal region, and which was explained on dissection by the proximity of the sequestrum to the popliteal nerve.

The operation was performed Feb. 27th. A flap was first cut out on the front and outer side of the thigh, having its base at the upper aperture already described, which was placed rather on its inner aspect. An inner and posterior flap was then made, and the bone sawed off just above the point of junction of the flaps, which proved to be in the sound bone, three quarters of an inch above the upper extremity of the sequestrum. This was about four inches long, and lay loosely encased in a cavity in the back and lower portion of the femur, which was open for the most part, but was crossed at about the middle of its length by a bridge of new bone of about half an inch in breadth. The nerve, as above stated, lay directly on it. The sequestrum was so loose that it could have been entirely removed if it had been possible to reach it by any justifiable operation. The knee-joint had been partially disorganized by inflammation, two small surfaces, however, remaining on the condyles still covered by cartilage, each about half an inch in diameter, and corresponding to the articulating surfaces of the tibia, which were concerned in the slight motion remaining. On the curved portion of the bone, in front and opposite to the sequestrum, were marks of the very oblique fracture which had taken place during the first year of the disease. The specimen is now in the Warren Anatomical Museum.

In connection with this case, I have been led to the remark that I have seen very few cases of extensive necrosis of the femur which have been relieved by operation. The records of the Massachusetts General Hospital show the same fact. In one case, a young man, I removed half of the shaft, near its lower extremity, with perfect relief; in another case, of twenty years' duration, which was one of necrosis of the whole length of the shaft of the bone, the operation was followed by so long and exhausting suppuration as to compel the amputation of the limb just below the trochanters, to save the patient's life. Curious to relate, this man afterwards died of an extensive cancer of the stump. In the present case, even if the removal of the dead bone had been practicable, the patient would have been left with a deformed limb, three or four inches shorter than its fellow, and with little or no useful motion of the knee-joint.

It may be interesting to mention that in this case, as is usual where there has been much previous inflammation in the amputated limb, the hæmorrhage from the smaller vessels was very abundant.

The convalescence was slow, and interrupted by a series of abscesses in the stump. Although no exfoliation of bone took place, it was several months before the patient was well enough to return to his home in the country, but with his stump only partially healed. In October, 1864, I saw him in fine health and high spirits, his

stamp entirely healed, and having gained thirty or forty pounds of flesh. This increase in weight, as is well known, is not unusual in persons who have submitted to amputation after having gone through with a long suppuration from a diseased limb.

BIRTH OF A CHILD THROUGH A LACERATED PERINÆUM.
SPONTANEOUS RECOVERY.

[Communicated for the Boston Medical and Surgical Journal.]

ON the 17th of September, 1864, I was called in, on my way to visit another patient, to attend a Mrs. W., who was in labor with her first child. The family were new-comers in the neighborhood, and, being strangers, the messenger despatched for a physician had failed to procure one in season. The pains were quite strong when I arrived, and had been for several hours. These subsided partially as I entered the room. On examination, I found the perinæum very much distended, and through the *thin* integuments I could trace completely the crown of the head. The vertex presented, as usual, externally, although the vulvæ were not as much distended as is customary at this stage of labor. The sphincter ani muscles were also quite lax, and presented a patulous opening to the rectum.

I have noted these conditions in detail, although at the time there was scarcely delay enough in the pains to prepare to support the perinæum, or assist the head in passing through the natural channel, before a strong pain came on, with a simultaneous giving way of the parts—commencing at the anterior border of the anus and extending nearly to the fourchette of the vagina; and through this fissure a child weighing about ten pounds was immediately expelled. The placenta very soon followed, through the same opening. The laceration took place at the first pain after I sat down to the patient, and the delivery was completed in ten minutes after I entered the room.

The mother and child were now cared for, as usual, and I left without informing any one of what had occurred, as nothing could then be done, and I wished to avoid any unnecessary anxiety on the part of the patient. I considered, too, that no particular treatment could be resorted to during the lochial discharge. In two days after, I directed the external application of cloths wet in warm water. These were continued, with injections of warm water, and warm soap and water to keep the parts cleansed. This was the main treatment. I saw the woman occasionally, until the 20th of January last, when the parts were healed, the fecal and urinal discharges, which had before all passed through the same fissure, then following the natural passages.

The above case being of unusual occurrence, in country practice at least, and in Ramsbotham a lengthy note being made of a similar one, I send it to you for publication if you deem it worthy a place

in your JOURNAL. I do so for the additional reason that it shows how grave a lesion may be mended by the simple recuperative powers of nature, and that such an accident as I have described is not really so formidable as it is generally regarded.

Stanstead, C. E., Feb. 22d, 1865.

C. W. COWLES, M.D.

TREATMENT OF TAPE-WORM WITH ELM BARK.

By J. R. DOWLER, M.D., of BEARDSTOWN, ILL.

THE subject of this notice is a daughter of Mr. Eb. Fish, of Beardstown, Ill., about six years old. The only point of special interest in the case consists in the efficiency of the remedy—to me perfectly new, and accidentally brought to my notice—which was used in its treatment.

I was treating a little brother of this patient, in the latter part of last July, a part of my prescription for whom was, as a drink, the mucilage of elm bark, made by putting pieces of the solid bark into water. The little girl was seen to be frequently eating portions of the bark during the day; the next morning, upon my visiting the boy, the mother, with much anxiety, showed me a vessel containing something that had passed the little girl's bowels, with bits of the elm bark, enveloped in mucilage, which, upon examination, proved to be about three feet of tape-worm. As I supposed the passage of the worm was accidental, and had occurred simply from the looseness caused by the bark, I proceeded to prescribe what I supposed a much more potent anthelmintic—a large dose of turpentine and castor oil. The turpentine and oil were given several times during the three consecutive days, causing pretty active purging, but with no appearance of any portion of the worm. The girl being slender, and of irritable temperament, I was forced to desist from further active medications; and partly to allay irritation of the bowels, and partly to test the influence of the bark on the worm, I directed that she should resume the use of the bark as before, by chewing and swallowing it in moderate quantities.

On visiting my *new* patient the succeeding morning, I was shown portions of the worm, mostly in separate joints, that had been passed over night. Feeling now some confidence in the anthelmintic powers of the elm bark, I directed the continued use of it, in the solid form, as before, while there should be any portions of the worm passing. In my daily calls, for some days, I had the satisfaction to learn that portions of the worm continued to pass each day, and sometimes several times a day.

I now ceased to visit my patient, intending only an occasional call; but my confidence in the efficacy of *elm bark* being so well established, I advised its use to be continued, even for two or three days after any portion of the worm should be seen in the evacua-

tions. The portions of the worm expelled, even the separate joints, were alive, showing more or less motion; a sense of their presence in the rectum, from their action, seemed to urge the patient to go to stool for their removal.

Having given direction for the links or joints to be counted, care was taken by the mother to do so, and from my notes of the case, taken on the 17th of September, 1858, I find that during about seven weeks of the intervening time there had been expelled, by estimate (taking the average lengths of the joints), about 45 feet of the worm. At this time there had been no portions passed for two weeks, during which time the use of the bark had been omitted. The head of the worm, with about fifteen inches of the body attached, had been expelled; but thinking that all portions of the worm or worms might not have been removed, I advised that the patient resume the use of the bark. The next day after doing so, further portions came away, among them one about six feet in length, tapering to a thread-like termination.

The next time I took notes of the case was on March 23, 1859, at which time my estimate of the entire length that had been expelled footed up to 135 feet, whether of one or more worms I am unable to say, as in the portions I saw there were a head and tail of what I supposed one worm. Since the last estimate there have been joints occasionally evacuated.

The patient when first treated was thin in flesh—had been growing so for some two years—attended with the usual nervous symptoms, startings out of sleep, variable appetite, &c., but with no great departure from good health.

Some time during the autumn of 1863, Charles Wells, a discharged soldier, applied to me for treatment for "fits," as he called his disease, stating that he had been discharged from the service on account of them. He stated that while under treatment for the "fits" by the regimental surgeon, he had discharged some small portions of tape-worm, after which the surgeon treated him actively with the view of removing more of the worm, but without success.

His "fits" (epileptic) continuing to recur frequently, I supposed they might be caused or sustained by unexpelled tape-worm, and being desirous of further testing the powers of the elm bark as an anthelmintic, I at once put him on the use of it, directing him to chew and swallow it in considerable quantities, using the brittle, thick kind of fresh bark, and directing him, in case his bowels should not be relaxed by the bark, to use small doses of oleum ricini to maintain that condition, without any restrictions as to his diet or habits of living. As he resided about eight miles from my place of residence, I requested him to report to me only occasionally.

In about five or six days he called to see me again, stating that on the second day after commencing the use of the bark, portions of worm, mostly in separate joints, commenced coming away, and con-

tinued to do so at nearly every stool, to the time of this report of his case; he having had to use occasionally a little castor oil to promote laxity. I ordered the continuance of the same course while any portions of worm should appear in the evacuations.

Two weeks from his first report he called again, bringing with him about seven feet of worm, tapering in width from about half an inch to a mere thread-like termination. He also stated that there had been daily evacuations of portions of worm, in short pieces, but mostly in separate joints, frequently passing off involuntarily, while walking about, as it appeared by the accumulation of the joints, with the elm mucilage, within the anus. This was the last report he made of his case, as after this he passed beyond my range of observation.

The foregoing, I think, must be accepted as proof that this bland agent possesses properties that make it a very efficient tape-worm-expelling substance.

The mode by which this parasite maintains its position must be by its verminous contraction, and adaptation of its flat surface to the inner surface of the bowels, thus preserving itself from being carried along with their fæcal contents and cast off. That it should maintain its position by the force of *suction*, exerted by the mouth, as some writers have supposed, would seem to be absurd, when the great length of the animal is considered, and the forces in operation tending to its removal. The passage of portions of the worm so promptly on the use of the bark, and the ceasing to do so on its discontinuance—even while active anthelmintics were used—leave no room to doubt its effectiveness in this case, at least, as a worm-expelling agent.

It seems probable that the bark, with its thick mucilage, so interposes between the animal and the inner surface of the bowels as to prevent its lateral grasp on their surface, in consequence of which it is compelled to yield to the forces naturally operating, and is carried out with the discharges. But, as my object was simply to state the practical facts in the cases, I will offer no further reflections.—*Chicago Medical Journal.*

THE DIET OF CHILD-BED.

A LECTURE BY GRAILY HEWITT, M.D., PHYSICIAN TO THE BRITISH LYING-IN HOSPITAL; LECTURER ON MIDWIFERY, &c., AT ST. MARY'S HOSPITAL.

GENTLEMEN,—The importance of the subject which I now propose to discuss—the dietary proper for a patient during the puerperal state—is, I believe, hardly to be over-estimated. The various accidents and disorders incident to the puerperal state are, as I shall endeavor to show you, very intimately dependent on conditions over which a judiciously contrived dietary exercises a marked control.

The principles which guide us in the selection of remedies for those disorders are identical with those on which we rely in laying down regulations for the diet and regimen of the patient, and in the determination of this question are involved many points of vital interest in the pathology and treatment of puerperal diseases. The "diet" which is best adapted for a woman after parturition is that which will best secure her from becoming affected with the diseases incidental to that period; and no one who has witnessed the terrible rapidity with which these affections not unfrequently overwhelm the unfortunate subjects of them, will be disposed to consider anything unimportant which has a bearing on their prevention.

The subject of the diet of child-bed is one which has been of late forcing itself on professional attention; and I have been long impressed with the necessity for a revision of the rules laid down in the various text-books on midwifery relating to the diet and management of women during the puerperal state, based upon a reconsideration of the correctness of the principles on which those rules have been constructed. On July 9th, 1863, I read a paper on this subject at the annual meeting of the South Midland Branch of the British Medical Association, held at Peterborough. In this paper, which was not at the time published, I expressed very strongly my dissent from the teaching which has been prevalent on the matter in question, and recommended the adoption of rules, as I conceived, more rational, and better adapted to the end we all have in view—namely, the preservation of the puerperal patient from sickness and disease. I have the satisfaction of being able to state that the present respected president of the Obstetrical Society, Dr. Oldham, in his address at the annual meeting of the Society in January, 1864, expressed himself on this very subject in terms almost identical with those used a few months previously by myself at Peterborough.

The text-books most generally in use are those of Dr. Churchill, Dr. Ramsbotham, and Dr. Tyler Smith. The principles laid down in these works in reference to the diet of the patient during child-bed are to be gathered from the following quotations.

Dr. Churchill says, in reference to the diet: "Excess, by inducing feverishness, may retard the convalescence. The patient should be confined to slops—gruel, panada, arrowroot, milk, whey, weak tea, &c.—with bread or toast and butter or biscuit, for five or six days, when the excitement produced by the secretion of milk has subsided; and if there be no counter-indication, she may take some broth, and on the seventh or eighth day, some chicken or a mutton chop, with some wine-and-water." (4th edit., p. 234.)

Dr. Ramsbotham directs that nothing but tea, toast, or farinaceous food be given until the bowels are freely opened. A little beef-tea or broth is then allowed. To this, in a day or two, a light pudding is to be added; "and in a week she may be allowed a small quan-

tity of solid meat." Stimulants of any kind are forbidden, under ordinary circumstances, until near the end of a fortnight. (P. 151.)

Dr. Tyler Smith says that no solid food should be given until after establishment of full secretion of milk and action of the bowels; but he at the same time adds that "cases sometimes occur in which the exhaustion is so great that animal food and stimulus are required from the first." (P. 319.)

From these quotations it is evident that the principle of practice recommended by these standard authorities is one of low diet from the first: Drs. Churchill and Ramsbotham ordering a low diet for as much as a week after labor has taken place; and Dr. Tyler Smith concurring in the principle of low diet as a rule, but admitting the exceptional necessity for deviation from this rule. The practice is, as I hope to show, wrong and unnatural. Nevertheless, the rules which I have mentioned to you are followed by a majority of practitioners. We have so grown up in the practice that it has hardly seemed to be extraordinary that a woman should be allowed little more than gruel, *ad nauseam*, for a week or more after her labor is over.

Why is it that it has been considered necessary to place a woman recently delivered on a low diet? It was thought that the adoption of a low diet was likely to be the means of preventing puerperal accidents and diseases. This is the principle on which these rules are based. Is this principle true? Are known facts in consonance therewith? I believe the principle to be entirely wrong: I am quite sure that facts do not bear it out—nay, that they distinctly contradict it. Let us consider for a moment what is the condition of a woman directly after delivery. The nervous system is much agitated; she is often much exhausted; her muscular system has been exercised powerfully and to an unwonted extent; she has lost a certain quantity, in many cases a considerable quantity, of blood. The rational treatment of a patient presenting such symptoms would be a restorative one: it would involve (first) rest, and, if possible, sleep; and (secondly) the administration of such nourishment as would replace what has been lost; and it is obvious that the patient will require food in proportion to the amount of loss sustained. Further, it must not be forgotten that in many cases the patient, although not giving any obvious external sign of weakness or prostration, is nevertheless in a state very closely approaching to one of exhaustion; and this is particularly observed where the constitution has been undermined by rapidly succeeding pregnancies in women who are insufficiently fed and badly cared for. The rational treatment, then, I would repeat, is to administer food such as will restore what has been lost; and by "food" I understand whatever tends to support and maintain vital power—animal food especially, combined or not, according to circumstances, with liquid containing alcohol.

So far as the condition of the patient immediately after labor is concerned, there would seem to be no reason for depriving her of such food and restoratives as would be administered under circumstances apart from the parturient state altogether, and with the view of alleviating similar symptoms.

But, it is argued, the patient must be kept on a low diet in order to prevent mischief arising, and to ward off certain evils to which she is liable. A low diet will prevent, it is said, the occurrence of what is called "inflammation." Let us consider these various "inflammatory" conditions liable to arise after parturition, with the view of ascertaining how far they are likely to be prevented, or the reverse, by the adoption of a low diet.

1. *Milk fever*.—This is usually described as an affection which comes on about the third day, when the breasts begin to swell, the pulse rises, and there is a feverish heat of the skin, these symptoms subsiding in the course of twenty-four hours, more or less. From what we read in books, we should conclude that this is a common disorder; but the fact is that it is a very rare disease indeed, so much so that an eminent authority, M. Pajot, of Paris, almost doubts the existence of the affection. As bearing on this question, I may mention that out of the last fifty cases which have been under my care in the British Lying-in Hospital there were only two in which the symptoms present had any resemblance to those of "milk fever." This disorder is, you will perceive, ephemeral; no bad effects result from it. And now an important question arises—Would this disease be observed if the patient were well fed? My own experience has led me to the conclusion that milk fever is less likely to occur when the patient is well fed than under the opposite conditions. In the two cases which I have just mentioned as observed recently by myself there was present a markedly defective state of the nutritive functions, and both patients had been, prior to their admission into the hospital, very indifferently fed. I strongly suspect that "milk fever" is in some cases connected with the practice, prevalent with some nurses, of not putting the child to the breast until one or two days after labor. This practice is one which I believe to be highly improper, and one calculated to lead to the production of sore nipples and milk abscess. On this point, however, I do not wish to enlarge at this moment. The point to which I wish particularly to call your attention is, that it is very questionable if a low diet tends in any degree to prevent the occurrence of milk fever.

2. We come next to the more serious puerperal diseases—"puerperal peritonitis," *puerperal fever*, *phlegmasia dolens*, &c. With respect to the pathology of these diseases, there is very much more to be said than can be compressed into the short space now at my disposal, and I can only state those conclusions respecting them which may, as I believe, be made a satisfactory basis for the application of therapeutics. It was formerly considered, and the idea is still pre-

valent to a wide extent, that the essence of these serious puerperal affections was "inflammation." Thus when, two or three days after labor, the patient began to complain of shivering, of pain over the uterine region, when the pulse became frequent, these symptoms were considered to indicate the presence of inflammation of the uterus or of the peritoneum. It is now known, however, although not generally admitted, in the first place, that these symptoms frequently indicate the passage of poisonous material into the blood, really a form of pyæmia; and in the second place, that while mischief of an "inflammatory" kind may be set up in consequence of the introduction of such poison, or in consequence of violence sustained by the uterus during parturition, the best method of combating the inflammation is, not by employing remedies formerly considered anti-inflammatory, such as bleeding, antimony, mercury, administration of low diet, and the like, but by supporting the strength of the patient, and by the exhibition of remedies of a soothing and sustaining nature. So, again, in cases of puerperal fever: the condition actually present is a poisoning of the blood, attended with symptoms of extreme depression, in the prevention and treatment of which low diet and lowering agents of whatever kind are, in my opinion, noxious and injurious in the last degree. In phlegmasia dolens, another accident of the puerperal state, the essence of the disease being erroneously considered to be "inflammation," it was supposed that a low diet would tend to prevent such inflammation. The word "inflammation" has much to answer for in respect to the injurious influence it has exercised on the treatment of puerperal diseases. It is responsible for the low-diet system which has so largely prevailed in the lying-in room—a system which, by weakening the patient, has rendered her liable to become a prey to the poisonous influences by which she may be surrounded, and has induced a mode of treating puerperal diseases calculated to neutralize and negative the efforts Nature will always make to overpower and throw out the subtle agent creating mischief within. In the prevention of puerperal fever, the first thing to do is to prevent contact with septic agents from without; the second, to secure the patient from the operation of septic agencies within. The latter indication is best fulfilled by securing early, good, and permanent contraction of the uterus. A relaxed uterus readily becomes the medium of absorption from the inner surface of the organ through the open extremities of its torn vessels. Perfect contraction of the uterus is, I believe, an almost complete safeguard against introduction of septic matter into the system, and contraction of this kind is best maintained by keeping up the vital powers of the patient, which can only be done by taking care that she is well nourished. Defective contraction of the uterus I have invariably observed to be present at the outset of an attack of puerperal fever.

Modern pathological research has removed phlegmasia dolens from

amongst the affections requiring antiphlogistic treatment and prophylaxis. The substance which fills the hardened vein was formerly believed to be the product of inflammation, but we now know that it results simply from coagulation of the blood. The blood coagulates in the veins; the clot may soften, and become converted into a soft, puriform material, which, though looking like pus, is only broken-down fibrin. Phlegmasia dolens may occur in men as well as in women who have not had children, and it is not unfrequently observed in cases of phthisis. Phthisis is, as we all know, not an inflammatory disease, its distinguishing element being defective nutritive power. It has been shown by Professor Humphrey, of Cambridge, that this tendency to coagulation in the veins, apart from puerperal influences, is associated with a depressed condition of the vital powers, and he has offered abundant clinical evidence of the correctness of this statement. Now, in the case of a woman recently delivered, a depressed condition of the vital powers is very far from uncommon. If the uterus does not contract, an unusual quantity of blood remains in its vessels, and there coagulates. The coagulum spreads upwards by extension, and when it reaches the common iliac vein the circulation in the external iliac vein may become stopped at any moment. Undue loss of blood during or after parturition necessarily depresses the system, and facilitates coagulation in the uterine veins, a tendency still further increased by the circumstance that the uterus in such cases does not contract well. That phlegmasia dolens is more often observed after parturition, in cases where much blood has been lost, is a matter of observation: that it has been noticed to have occurred very frequently in cases where the vital powers have been inadequately sustained by nutritive material will become also evident to those who will take the trouble to inquire into the matter. The evidence to be collected, pathological as well as clinical, is all in favor of the proposition that by a generous diet will the tendency to phlegmasia dolens—supposing it to exist—be likely to be counteracted.

If, for the sake of argument, we admit that these puerperal accidents are inflammatory, the utility of a low diet cannot be maintained in the face of the great alteration which has come over the professional mind in reference to the treatment of inflammation. The practice of bleeding has very largely gone out; mercury and antimony are far less relied on than formerly. There is certainly much doubt as to their efficacy in these cases. The absolute dietary formerly insisted on has equally fallen into disfavor.

It may be urged that I am arguing on theoretical grounds; but I can state, as the result of very careful personal observation, that the conclusions I have enumerated as to the bad effects of the low-diet system in the prevention and treatment of the puerperal diseases alluded to are amply borne out by the facts in my possession. I have also—and this is perhaps more to the point—abundant evidence of the most practical kind of the value of a generous sustain-

ing and supporting diet and regimen, both in cutting short puerperal mischief of the worst kind, and in preventing its occurrence under circumstances most threatening to the patient. What I have seen of puerperal fever and allied disorders has, indeed, induced me to regard with the utmost horror all remedies of a depressing, lowering character. In the treatment of these affections, large quantities of food and brandy, or an equivalent, I have employed most successfully. It is rational to suppose, and it is consistent with my experience, that this gives a clue to the prophylaxis of these diseases. I say nothing of cleanliness, ventilation, separation from contagious influences, &c.; the necessity for these it must be superfluous for me to expatiate upon.

3. *Puerperal mania* is another affection here to be alluded to in connection with the subject of the diet of child-bed. It will be sufficient, perhaps, for me to state in reference to this disease, that a generous diet, with opium in large quantities, and absolute rest, mental and bodily, form the essential elements in the treatment. Here, also, the clue to the prophylaxis is offered by the treatment. The disease generally results from the combined action of excitement and weakness, however induced.

4. *Sudden death during the puerperal state.*—This is an occurrence rare, but of great interest. In the cases which have been investigated the accident has been found to be connected with coagulation in the veins and obstruction to the circulation produced by the coagula in question. This form of death is one of the results of what is now known as "embolism." What I have already said in reference to the circumstances which lead to coagulation within the veins after parturition will enable you to understand why it is to be expected that a low diet will favor the occurrence of this lamentable accident. Apparently the best possible preparation for such a disaster would be to keep the patient on a very low diet, to prevent all motion of the body, thus favoring stagnation of the blood in the great vessels, at the same time neglecting to take precautions to ensure uterine contraction.

5. *Protracted convalescence.*—This is, if not a disease, certainly a great evil. That the observance of a rigidly low diet during the period of lying-in does tend to render the convalescence protracted does not admit of a doubt. This has been forcibly stated by Dr. Oldham in his address to the Obstetrical Society to which I have already alluded. "The precepts laid down in some of the midwifery books," says Dr. Oldham, "for the management of the puerperal state, steadily induce a debility in the first fortnight which requires a drawing convalescence in the second fortnight to overcome.....From first to last elements of weakness and nervous disorder are introduced, and the very diseases are invited which they were designed to remove."

We have now considered *seriatim* the chief of the evils which have

to be prevented or encountered during child-bed, and I think it has been rendered evident that the supposition that a system of low diet is calculated to remedy and prevent these diseases is a mistake. The actual practice of those best informed on these subjects has of late years undergone a very marked change. Dr. Oldham is not alone in his practice of supplying the puerperal patient with food of the best kind and in good quantity from the very moment of her delivery. That the time has come for the adoption, by the profession at large, of a more rational principle of treatment cannot be questioned. And now let me state that the views expressed by the illustrious Denman on the subject of the diet of child-bed are in perfect agreement with those for which I have been contending—namely, the impropriety of depriving the puerperal patient of her ordinary food; but his precepts on this point seem to have almost entirely passed out of professional recollection. Denman says: "After seeing and considering much practice and trying various methods, not only immediately after delivery, but through the course of child-bed, I am fully persuaded that, laying aside all refined speculations, those patients will fare the best and recover most certainly and speedily by whom the least change from their former habits is made. The general principle of making as little change as possible from their former habits and customs, either in diet or in any other respect, will best satisfy the expectations of the medical attendant."—(Vol. ii., p. 449.)

What I now advocate is a return to these principles of practice. With reference to the particular diet suitable in different cases it is unnecessary that I should enter into any lengthened detail. It is obvious that the quantity of food must be proportioned to the requirements of the patient; one will require meat once, another two or three times, in the day. As a general rule, Denman's advice to make little change in the ordinary diet should be followed; where, however, the labor has been severe or long, where an unusual quantity of blood has been lost, or where the constitution is weakened by previous illness of any kind, stimulants are, in my opinion, almost imperatively required, unless the patient be able to take animal food, eggs, milk, &c., easily and in good quantity. The exhaustion produced by the labor frequently destroys for a short time the appetite for solid food, and at this period it is necessary to administer nutritious liquid food—milk, soup, beef-tea, eggs beaten up with wine or brandy (and a sufficient quantity of the latter)—in order that ground may not be lost.—*Lancet*.

BARON LIEBIG'S SOUP FOR CHILDREN.

WITH that remarkable estimation of the greatness of small things which is one of the most valuable of his many high intellectual qualities, and with a tender appreciation of the importance of small peo-

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ple, Baron Liebig devotes a special article in an English scientific periodical to the description of a new article of diet which he conceives to be the most fitting substitute for the natural nutriment for those children who are by circumstances robbed of their mother's milk. It is well known that cow's milk does not adequately represent the milk of a healthy woman, and when wheaten flour is added, as it commonly is, Liebig points out that, although starch be not unfitting for the nourishment of the infant, the change of it into sugar in the stomach during digestion imposes an unnecessary labor on the organization, which will be spared it if the starch be beforehand transformed into the soluble forms of sugar and dextrine. This he effects by adding to the wheaten flour a certain quantity of malt. As wheaten flour and malt flour contain less alkali than woman's milk, he supplies this when preparing the soup. This "soup" may be shortly prepared as follows:—"Half an ounce of wheaten flour, and an equal quantity of malt flour, seven grains and a quarter of bicarbonate of potash, and one ounce of water, are to be well mixed; five ounces of cow's milk are then to be added, and the whole put on a gentle fire; when the mixture begins to thicken it is removed from the fire, stirred during five minutes, heated and stirred again till it becomes quite fluid, and finally made to boil. After the separation of the bran by a sieve, it is ready for use. By boiling it for a few minutes it loses all taste of the flour."

The immediate inducement for his making the soup was that one of his grand-children could not be suckled by its mother, and that another required, besides his mother's milk, a more concentrated food. In both cases, as well as in other families where it had been introduced, the soup proved an excellent food, the children thrived perfectly well, and many a petty suffering disappeared after some weeks' use of the soup. He often takes it prepared with ten parts of milk and two parts of malt flour, with tea, for his breakfast. He adds that "Dr. Von Pfeufer, the most renowned physician in Munich, has induced the apothecaries of the town to keep for sale a mixture of half an ounce of malt flour and seven grains and a quarter of bicarbonate of potash, milk and wheat flour being supposed to be in every house. The malt flour ought to be always freshly made from the malt."—*Lancet*, Jan. 7.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, MARCH 16, 1865.

ANOTHER SMALLPOX EPIDEMIC.—It appears from a circular letter, which we presume has been sent to every physician in the city, that an extensive epidemic of smallpox is prevailing among us. In New York, too,

there has been for months an epidemic of the disease so widespread as to cause a general panic, and such a pressing demand for vaccination as to raise the fee for the operation to an exorbitant price. During the last fifteen years there have been four marked and sudden revivals of variolous disease in Boston of one or two years' duration, which have been followed by periods of almost entire extinction. Thus in 1849, there were 21 deaths from smallpox; in 1850 the number increased to 192. In 1853 there were but 6 deaths; in 1854 and the following year, 300. In 1857 and 1858 the number of deaths was only 5; in 1859 and 1860 there were 318. The three succeeding years were comparatively free from the disease, but it has again blazed up and threatens to rage more fiercely than ever, unless checked by the precautionary measures of insulation and prevention which are in the hands of the municipal authorities. This striking alternation of years of pestilence and of exemption illustrates how completely and permanently the disease might be kept in control, did the healthy horror which ensues upon an outbreak survive the immediate effects of the temporary sanitary measures we fly to, but no sooner does it abate, having exhausted the supply of unprotected material upon which it feeds, than we relapse into our former state of childish negligence. There can be no doubt that the present statutes relative to the management of this disease, which are affixed to the circular of the City Physician, are wholly inadequate and virtually a dead letter. Smallpox can never be exterminated by fines; it must be mastered by compulsion. The only precaution of any importance now enforced is that which refuses admission to the public schools to all children who have never been vaccinated. This is something, but it does not reach the two large classes of the population in which the mortality from this disease is by far the largest, namely, those under 5 years of age and adults between 20 and 40. There are three measures, by no means impracticable, which, if enforced, would make smallpox a rare disease among us. They are insulation, vaccination, and re-vaccination.

During the twenty-five years prior to the repeal of the law requiring the removal and isolation of infected persons, there were but 52 deaths from this disease in Boston; while in the two years which succeeded, the number of deaths was 175. This vast increase, although in some part perhaps due to other causes, is sufficient proof of the necessity of such restriction at the present time. It is of course impossible to remove all patients from private dwellings, but it is possible and necessary to convert such houses into strict quarantine stations, by some external sign as in country villages, or by the presence of a health officer. From the crowded tenements of the poor, however, there should be no hesitation about removing every case of the infection. We would not have them sent to an island hospital, for the city is bound to provide proper accommodation within its own limits for the reception both of the poor and of that large class of persons who live in hotels and boarding-houses. In his last annual address, the Mayor wisely recommended that the hospital for smallpox patients should be transferred from the Internal Health Department and placed under the charge of the Trustees of the City Hospital. The citizens who pay so largely for this public charity may with reason ask that this institution shall furnish accommodation for its real necessities. When the city shall provide such, and enforce the provision relating

to localities where the disease prevails, according to sections 27 and 28 of the statutes, it will have done much to check the frequent repetition of these epidemics.

Prevention, however, will effect still more ; but until we have a law which enforces the vaccination of every child born in the city before it attains the age of six months (not two years, as expressed in the statute), and provides for the appointment of district visiting officers to see that the law is observed, we cannot rely upon vaccination for safety against this disease. There is another class of the community also, which contributes largely to the introduction of contagion and to the supply of the material which maintains it. No immigrants should be allowed to land upon our wharves until they have been vaccinated. Out of the whole number of deaths, 318, in the epidemic of 1859 and 1860, 113 were in persons between 20 and 40 years of age. Of these, but 4 were born in Boston, while 72 were from Maine, Ireland and British Provinces.

It will be observed that Dr. Read states in his circular that "the result of all experience is, that *all persons in whom re-vaccination has been repeated until it ceases to take, will forever after be perfectly secured against any attack of varioloid, as well as variola.*" This is a very important statement, and it is to be regretted that a doctrine at variance with the opinions of the highest authorities on variolous and vaccine diseases should not have been more fully explained. Our own investigations have led us to a different conclusion. We believe that the successful insertion of the vaccine virus at one point is as thoroughly protective as if introduced by a dozen vesicles, both in vaccination and re-vaccination. We know that smallpox does not always protect against itself, and that when the system has been saturated in this manner with unmitigated virus it may in time lose the protection thus afforded, and become once more susceptible to its influence. Is it reasonable, then, to expect more of vaccination? We believe that the immunity conferred by vaccination is not alike either in amount or duration in all persons; that the history of epidemics teaches that smallpox will attack a definite proportion of the vaccinated, if exposed to its influence; that post-vaccine smallpox is very rare before the tenth year in children, and that it increases in frequency from the age of 12 to that of 25; that after the age of 35 the inherent predisposition to smallpox seems to die out to a great extent both in the protected and unprotected. We believe, too, that we possess in re-vaccination our only means of ascertaining the condition of individual security at any time, and of affording it when found wanting. We do not propose, however, to discuss this question at length, but merely to caution physicians against neglecting repeated re-vaccinations upon a theory which we believe to be unsupported by sufficient proof.

HARVARD UNIVERSITY.—The commencement exercises in the Medical Department were held at the Medical College on Wednesday, the 8th inst. Prayer was offered by Prof. Andrew P. Peabody, D.D. Selected dissertations were then read by members of the graduating class in the following order:—1. Gangrene of the Lung. Ethan Allen Paul Brewster, Appleton, Wis. 2. Mind on Disease. Somerville Dickey, Cornwallis, N. S. 3. Periodical Fever. Peter Paul Gilmartin, Boston.

4. Hospital Gangrene. George Whitefield Johnson, Southboro'. 5. Pyæmia. John William Parsons, Rye, N. H. 6. Smallpox. Daniel Thurber Nelson, Amherst.

Degrees of Doctor of Medicine were conferred upon 42 gentlemen, whose names are given below.

The address to the graduating class was delivered by the Rev. President, and was characterized by the sound learning and practical wisdom which fit him so eminently for the position he occupies. We trust it will be published, for the lessons drawn so deeply from the study of nature and humanity should extend their influence beyond the audience there gathered to hear him.

MASSACHUSETTS MEDICAL COLLEGE.—The following gentlemen received their degrees from Harvard University on the 8th inst. :—

Name and Residence.	Thesis.
Brewster, Ethan Allen Paul, <i>Appleton, Wisc.</i> ,	Gangrene of the Lung.
Brown, John Peaslee, <i>Raymond, N. H.</i> ,	Scarlatina.
Buckley, William Barry, <i>Halifax, N. S.</i> ,	Uterine Hemorrhage.
Burnham, Charles Abram, <i>Haverhill</i> ,	Dysentery.
Burgess, Fred. Newton, <i>Kempt, N. S.</i> ,	Inflammation.
Butman, George Feveryear, <i>Dedham</i> ,	Contagiousness of Phthisis.
Campbell, William Henry, <i>Watertown</i> ,	Spontaneous Aneurism.
Cole, Isaac Griswold, <i>N. Ferrisburgh, Vt.</i> ,	Mercury.
Copeland, Horatio Franklin, <i>Easton</i> ,	Measles.
Dearborn, F. Merryweather, <i>Chilstonale</i> ,	Vaccination.
Dickey, Somerville, <i>Cornwallis, N. S.</i> ,	Mind on Disease.
Disbrow, Robert, <i>Omamee, C. W.</i> ,	Variola.
Dunham, William Russell, <i>Northampton</i> ,	Pneumonia.
Falconer, Alexander Frank, <i>Pictou, N. S.</i> ,	Pneumonia.
Gilmartin, Peter Paul, <i>Boston</i> ,	Periodical Fever.
Hamilton, Charles Wm. Frederic, <i>Cornwallis, N. S.</i> ,	Dislocation of Hip-joint.
Holmes, Arthur Almond, <i>Athens, Ma.</i> ,	Pneumonia.
Homer, John, <i>Buckeport, Me.</i> ,	Pneumonia.
Hall, William Henry, <i>East Boston</i> ,	Fever.
Jackson, Cornelius Sampson, <i>Plymouth</i> ,	Digestion.
Johnson, George Whitefield, <i>Southboro'</i> ,	Hospital Gangrene.
Johnson, Richard, <i>Charlottetown, P. E. I.</i> ,	Inflammation.
Lawson, Frank, <i>Charlottetown, P. E. I.</i> ,	Delirium Tremens.
Macdonald, Malcolm Campbell, <i>Cambridge, N. B.</i> ,	Spinal Cord.
Macdonald, William Lewis, <i>Cambridge, N. B.</i> ,	Respiration.
Masters, George W., <i>Boston</i> ,	Dysentery.
McDonald, Archibald Elexcis, <i>Boston</i> ,	Pneumonia.
McLaren, Andrew, <i>Halifax, N. S.</i> ,	Placenta.
Nelson, Daniel Thurber, <i>Boston</i> ,	Smallpox.
Norris, Albert Lane, <i>Boston</i> ,	Diaphragmatic Hernia.
O'Connor, James J., <i>Springfield</i> ,	Typhoid Fever.
Olloqui, Rufino Augustine, <i>Boston</i> ,	Poisoning.
Parsons, John William, <i>Rye, N. H.</i> ,	Pyæmia.
Phillips, Fred. Henry Richard, <i>So. Marshfield</i> ,	{ Fracture of the Surgical Neck of the Humerus.
Porter, Albert Augustus, <i>Chelsea</i> ,	Aneurism of the Aorta.
Presbrey, Silas Dean, <i>Taunton</i> ,	Acute Mammary Abscess.
Sawyer, B. Addison, <i>Haverhill</i> ,	Podophyllin.
Sproat, Henry Hamilton, <i>Middleboro'</i> ,	Typhoid Fever.
Swan, Wm. Ellery Channing, <i>So. Easton</i> ,	Dysentery.
Webster, Joseph, <i>New Bedford</i> ,	Pneumonia.
Weston, Edward Henry, <i>Cambridge</i> ,	Adulterations of Medicines and Food.
Woodward, Daniel Buttrick, <i>Marlboro', N. H.</i> ,	Diagnosis.

GEORGE C. SHATTUCK, M.D.,
Dean of the Medical Faculty.

Wednesday, March 15, 1865.

A TRIBUTE TO DOCTORS.—A pleasant, gossiping, amusing writer in *Blackwood's Magazine*, who discourses from month to month on "Men

and Women," under the suggestive name of CORNELIUS O'DOWD, talks in the following style "about Doctors":—

I read in the French papers, under the heading "Interesting to Physicians," that a doctor has been sentenced to fine and imprisonment for having divulged the malady of a patient, and in this way occasioned him heavy injury.

Without for a moment questioning the justice of this conviction, it appears to me a curious trait of our age and manners that such a case should ever have come to trial at all. That we make our revelations to the doctor under the seal of secrecy, is intelligible enough; but that the law should confirm the bond is, I own, something new to me. In the honorable confidence between the doctor and his patient I have never recognized anything beyond the trustfulness so essential to a beneficial result. The doctor seeks to cure, and the patient to be cured, and for this reason all concealment that might mar or impede this end would be foolish and injurious; and it is not easy to imagine any amount of *amour propre* that would peril health—perhaps life—for the mere gratification of its peculiar vanity. The French Code, however, takes care that this question should not be left to a mere mutual understanding, but actually places the doctor in the position of a confessor, who is bound under no circumstances to divulge the revelations that are made to him.

It is certainly a proud thought to feel that in the class and status of our medical men in England we have a security far stronger than a statute could confer. I cannot call to mind a single case where a complaint of this kind has been heard—and all from the simple fact that with us doctors were gentlemen before they were physicians, and never forgot to be so after.

It is not perhaps the loftiest, but it is the most practical way to put the point—that in the market-price of any commodity we have the truest estimate of its value. Now, between the doctor whose fee is a guinea and him whose honorarium is two francs, there is an interval in social position represented by that between the two sums. The one, so far as culture, habits, tone of thought, and manners go, is the equal of any he visits; the other is—very often at least—about as well bred as your valet.

The one is a gentleman, with whom all intercourse is easy and unconstrained; the other a sort of hybrid very often between cultivation and savagery, with whom it is not easy to say how you are to treat, and who is by no means unlikely to misinterpret every revelation of habits totally unlike all that he is himself accustomed to.

Now there can be no over-estimating the value of a congenial doctor. Instead of dreading the hour of the visit, picturing it to our minds as the interval of increased suffering and annoyance, to feel it as the sunny spot of our day—the pleasantest break in the long languor of the sick-bed—is a marvellous benefit.

This, I am bold to say, is essentially to be found in England above all other countries. George IV., who was a consummate tactician in conversation—all the disparaging estimates of him that have been formed, and some of them I firmly believe to have been unfair, have never denied him this gift—used to say that doctors were essentially the pleasantest talkers he had ever met. They have that happy blending of knowledge of actual life with book-learning, which makes them

thorough men of the world, without the unpleasing asperity of those who have bought their experience too dearly. For, be it remembered, few men see more of the best side of human nature than the doctor; and it is an unspeakable advantage to get an insight into the secrets of the heart, and yet not to have attached any stain to one's self in the pursuit, and, even while investigating a moral pestilence, never to have risked the perils of a contagion.

If it were not that I should be incurring in another form the very defect from whose taint I believe doctors to be exempt, I could tell some curious instances in which the physician obtained knowledge of intentions and projects in the minds of great statesmen, of which they had not at the time fully determined, but were actually canvassing and balancing—weighing the benefit and counting the cost—and one syllable about which they had never dropped to a colleague.

What a benefit is it to have a body of men like this in a country where political action is so easy to discount into gold, and where the certainty of this enactment or the repeal of that could resolve itself into fortune to-morrow!

There is another service doctors have rendered society, and I declare I have never found it either acknowledged or recognized. Of all men, there are none so vigilantly on the watch to protect the public from that pestilence of humbug and deceit which, whether it call itself spiritualism, mesmeric agency, clairvoyance, or any other fashionable trickery of the day, has now resolved itself into a career, and has assumed all the outward signs and dignities of a profession.

To all these the doctor is the sworn foe, and very frequently to his personal detriment and loss. Who has not heard at the dinner-table or the fireside the most outrageous assertions of phenomena, alleged to be perfectly in accordance with natural laws, but of which experience only records one instance or two perhaps in five or six centuries, met by the calm wisdom of the physician, the one man present, perhaps, able to explain the apparent miracle, or refute the palpable absurdity? It has been more than once my own fortune to have witnessed such controversy, and I have never done so without a sense of gratitude that there were disseminated throughout every walk of our social system these upright and honest guardians of truth.

It would be a very curious and a very subtle subject for inquiry, to investigate the share of the doctors in the political education of society. The men who go everywhere, mix with all ranks and gradations of men, talk with each of them on the topics of the day, learning how class and condition influence opinions and modify judgments, must gain an immense insight into the applicability of any measure, and of its bearing on the different gradations of society. With this knowledge, too, they must be able to disseminate their own ideas with considerable power, and enforce their own opinions with arguments derived from various sources, doing these things, not through the weight and power of a blind obedience, as the priest might, but by force of reason, by the exercise of a cultivated understanding aided by especial opportunity. If I were a statesman, I would cultivate these men. I say this in no sense that implies corruption, but I would regard them as an immense agency in the government of mankind; and I would take especial pains to learn their sentiments on measures which touch the social relations of the world, and secure, so far as I might, their honorable aid and co-operation.

They have replaced the priest in that peculiar confidence men accord to those who are theirs, not by blood or kindred, but by the operation of that mysterious relationship that unites relief to suffering.

I say, again, I would cultivate the doctors. They see more, hear more, and know more than other men, and it would be my task to make them the channels of opinion on the interesting topics of the day, by extending to them the amplest confidence and the freest access to information.—*American Druggists' Circular*.

PERISTALTIC LOZENGES.—A correspondent sends us the circular recommending these articles, which contains a paragraph concerning them attributed to this JOURNAL. We can only say that the present Editors are not responsible for the paragraph in question, and would not have written it, as printed in the advertisement, under any circumstances. The paragraph of the circular is altered from that which appeared originally in the JOURNAL, omitting all mention of the principal ingredients of the lozenges, which are said to be senna and iron, and using stronger language of commendation than was there employed. Medical Journalists cannot be too careful of their expressions concerning the compounds of druggists, made for popular sale; unless they they are willing to see them used, as in the present instance, for a purpose for which they were never intended.

LIEBIG'S INVALID FOOD.—We have received a package of so-called nutritive food for infants and invalids, prepared by Messrs. James K. Nichols & Co., mainly in accordance with the suggestions of Prof. Liebig, as published in the present number of the JOURNAL. The manufacturers, however, with very questionable wisdom, we think, have ventured to make some additions of their own to the composition proposed by that eminent physiologist and chemist. As the manufacturers are not physiologists, we cannot help regarding this as most unwise. However good the article may be, it is not Prof. Liebig's. The warrant of his great name is enough to recommend the mixture which he proposes, without any additions. It should not be associated with a different one prepared by a manufacturing chemist.

VITAL STATISTICS OF BOSTON.

FOR THE WEEK ENDING SATURDAY, MARCH 11th, 1865.

DEATHS.

	Males.	Females.	Total.
Deaths during the week	47	45	92
Ave. mortality of corresponding weeks for ten years, 1853—1863,	40.9	38.7	79.6
Average corrected to increased population	00	00	57.08
Death of persons above 90	0	0	0

DEATHS IN BOSTON for the week ending Saturday noon, March 11th, 92. Males, 47—Females, 45.—Apoplexy, 4—congestion of the brain, 1—disease of the brain, 2—inflammation of the brain, 2—bronchitis, 3—cancer, 1—consumption, 14—convulsions, 2—croup, 4—cyanosis, 1—debility, 1—diphtheria, 1—dropsy, 1—dropsy of the brain, 5—epilepsy, 1—erysipelas, 2—scarlet fever, 2—typhoid fever, 1—gangrene, 1—disease of the heart, 2—infantile disease, 3—intussusception, 1—disease of the kidneys, 1—disease of the liver, 4—congestion of the lungs, 2—inflammation of the lungs, 4—marasmus, 3—neuralgia, 1—paralysis, 1—peritonitis, 1—puerperal disease, 1—smallpox, 4—disease of the spine, 2—suicide, 1—teething, 1—tonsillitis, 1—tumor, 2—unknown, 5—whooping cough, 3.

Under 5 years of age, 39—between 5 and 20 years, 4—between 20 and 40 years, 24—between 40 and 60 years, 15—above 60 years, 10. Born in the United States, 69—Ireland, 12—other places, 10.